

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Fapas4Congress

ADDRESS (number and street)
▼

P.O. Box 141

Check if different
than previously
reported. (ACC)

Nolensville

TN

37135

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00545608

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

TN

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cam Robinson

Signature of Treasurer

Cam Robinson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 13

Write or Type Committee Name

Fapas4Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7442.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7442.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11834.78	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11834.78	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	53.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

Fapas4Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2450.00

0.00

(ii) Unitemized.....

3767.00

0.00

(iii) TOTAL of contributions from individuals ▶

6217.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1225.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

7442.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

7442.00

0.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11834.78	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11834.78	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4446.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7442.00
25. SUBTOTAL (add Line 23 and Line 24).....	11888.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11834.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	53.49

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial)

O Adah

Mailing Address 350 5th Avenue, 59th Floor

City
New York

State
NY

Zip Code
10118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice

Occupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Muyiwa Adeboye

Mailing Address 32 Miranda Lane

City
Stratford

State
CT

Zip Code
06615

FEC ID number of contributing
federal political committee.

C

Name of Employer
SVMC

Occupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Babatunde Egunjobi

Mailing Address 1400 McKinney Street
Apt. 2308

City
Houston

State
TX

Zip Code
77010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hess

Occupation
Project Service Lead

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 24 / 2013

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial)

Unyime Ituk

Mailing Address 1817 Sara Ct.

City
North Liberty

State
IA

Zip Code
52317

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Health Care

Occupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 14 2013

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Unyime Ituk

Mailing Address 1817 Sara Ct.

City
North Liberty

State
IA

Zip Code
52317

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Health Care

Occupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y
12 19 2013

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Michael Nottidge

Mailing Address 5400 Main Street, Putney

City
Stratford

State
CT

Zip Code
06614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Hospital

Occupation
Emergency Medicine Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
12 10 2013

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Fapas4Congress

Full Name (Last, First, Middle Initial)

A. Olatunde Ogungbade

Mailing Address 7203 Baywood Drive

City

Greenbelt

State

MD

Zip Code

20706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Globalaccelerex

Occupation

Executive

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11Al.4394

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

2450.00

Diagram illustrating the arrangement of 15 numbered blocks (11a, 11b, 11c, 11d, 12, 13a, 13b, 14, 15) in two rows. Block 11d is marked with an 'X'.

NAME OF COMMITTEE (In Full)
Fapas4Congress

FEC Schedule A (Form 3) (Revised 02/2009)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fapas4Congress

Full Name (Last, First, Middle Initial)

A. Division of Elections

Mailing Address 312 Rosa L. Parks Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2013

City	State	Zip Code
Nashville	TN	37243

Amount of Each Disbursement this Period

Purpose of Disbursement

006

Transaction ID : SB17.4461

Candidate Name

Fapas4CongressCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: TN District: 04

Full Name (Last, First, Middle Initial)

B. Electronic Express

Mailing Address 1720 Old Fort Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

City	State	Zip Code
Murfreesboro	TN	37133

Amount of Each Disbursement this Period

Purpose of Disbursement
Computer

001

Transaction ID : SB17.4466

Candidate Name

Fapas4CongressCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: TN District: 04

Full Name (Last, First, Middle Initial)

c. Kroger

Mailing Address 2449 Old Fort Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Murfreesboro	TN	37128

Amount of Each Disbursement this Period

Purpose of Disbursement

002

Transaction ID : SB17.4468

Candidate Name

Fapas4CongressCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: TN District: 04

SUBTOTAL of Disbursements This Page (optional).....

990.99

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fapas4Congress

Full Name (Last, First, Middle Initial)

A. Kroger

Mailing Address 2449 Old Fort Pkwy

City	State	Zip Code
Murfreesboro	TN	37128

Purpose of Disbursement

002

Category/
Type

Candidate Name

Fapas4Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2013

Amount of Each Disbursement this Period

49.19

Transaction ID : SB17.4478

B. Kroger

Mailing Address 2449 Old Fort Pkwy

City	State	Zip Code
Murfreesboro	TN	37128

Purpose of Disbursement

002

Category/
Type

Candidate Name

Fapas4Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

Amount of Each Disbursement this Period

47.00

Transaction ID : SB17.4480

c. Cam RobinsonMailing Address 5000 Mountain Springs Drive
Apt. 1516

City	State	Zip Code
Nolensville	TN	37135

Purpose of Disbursement
General Administration

001

Category/
Type

Candidate Name

Fapas4Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4439

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1596.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fapas4Congress

Full Name (Last, First, Middle Initial)

A. Cam RobinsonMailing Address 5000 Mountain Springs Drive
Apt. 1516City State Zip Code
Nolensville TN 37135Purpose of Disbursement
General Administration

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4460

B. Cam RobinsonMailing Address 5000 Mountain Springs Drive
Apt. 1516City State Zip Code
Nolensville TN 37135Purpose of Disbursement
General Administration

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4471

c. Cam RobinsonMailing Address 5000 Mountain Springs Drive
Apt. 1516City State Zip Code
Nolensville TN 37135Purpose of Disbursement
General Administration

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4487

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fapas4Congress

Full Name (Last, First, Middle Initial)

A. Cam RobinsonMailing Address 5000 Mountain Springs Drive
Apt. 1516City State Zip Code
Nolensville TN 37135Purpose of Disbursement
General Administration

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4491

B. Cam RobinsonMailing Address 5000 Mountain Springs Drive
Apt. 1516City State Zip Code
Nolensville TN 37135Purpose of Disbursement
General Administration

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4494

c. Cam RobinsonMailing Address 5000 Mountain Springs Drive
Apt. 1516City State Zip Code
Nolensville TN 37135Purpose of Disbursement
General Administration

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4496

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2900.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fapas4Congress

Full Name (Last, First, Middle Initial)

A. T-Mobile

Mailing Address 5370 Mt View Rd #60

Date of Disbursement

M M	D D	Y Y Y Y
12	27	2013

City	State	Zip Code
Antioch	TN	37013

Amount of Each Disbursement this Period

92.54

Transaction ID : SB17.4497Purpose of Disbursement
Monthly fee

001

Category/
Type

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 923 Oldham Drive

Date of Disbursement

M M	D D	Y Y Y Y
11	12	2013

City	State	Zip Code
Nolensville	TN	37135

Amount of Each Disbursement this Period

92.00

Transaction ID : SB17.4484

Purpose of Disbursement

003

Category/
Type

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

Full Name (Last, First, Middle Initial)

c. USPS

Mailing Address 923 Oldham Drive

Date of Disbursement

M M	D D	Y Y Y Y
12	09	2013

City	State	Zip Code
Nolensville	TN	37135

Amount of Each Disbursement this Period

3.56

Transaction ID : SB17.4495

Purpose of Disbursement

003

Category/
Type

Candidate Name

Fapas4CongressOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: TN District: 04

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

188.10

10175.28